UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandra Virginia 22313-1450

## NOTICE OF ALLOWANCE AND FEE(S) DUE

22850

7590

01/17/2006

OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.

1940 DUKE STREET ALEXANDRIA, VA 22314 EXAMINER

ZIMMER, MARC S

ART UNIT

PAPER NUMBER

1712

DATE MAILED: 01/17/2006

| APPLICATION NO. |                       | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-----------------------|-------------|----------------------|---------------------|------------------|
|                 | 10/730,079 12/09/2003 |             | Masayuki Ikeno       | 246483US0           | 2768             |

TITLE OF INVENTION: ONE-PART ORGANOPOLYSILOXANE GEL COMPOSITION

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 04/17/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

## HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>.                                    </u>                                      |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                   |                                                                                                                                                                                                  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                       |                                                                      |                                                          |  |  |
| 22850 759                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01/17/2006                                                                        |                                                                   |                                                                                                                                                                                                  | have its own certificat                                                                                                                                                                                                                                                                                                             | te of mailing or transmission.                                       | int of formal drawing, must                              |  |  |
| OBLON, SPIVAK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , MCCLELLAND,                                                                     | MAIER & NI                                                        | EUSTADT,                                                                                                                                                                                         | Ce                                                                                                                                                                                                                                                                                                                                  | rtificate of Mailing or Trans                                        | smission                                                 |  |  |
| P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - <b>,</b> ,                                                                      |                                                                   |                                                                                                                                                                                                  | I hereby certify that t                                                                                                                                                                                                                                                                                                             | his Fee(s) Transmittal is bein                                       | g deposited with the United                              |  |  |
| 1940 DUKE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                   |                                                                                                                                                                                                  | States Postal Service addressed to the Ma                                                                                                                                                                                                                                                                                           | with sufficient postage for fir il Stop ISSUE FEE address            | st class mail in an envelope above, or being facsimile   |  |  |
| ALEXANDRIA, VA 22314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                   |                                                                                                                                                                                                  | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name) |                                                                      |                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                      | (Signature)                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                      | (Date)                                                   |  |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FILING DATE                                                                       | F                                                                 | IRST NAMED INVEN                                                                                                                                                                                 | TOR                                                                                                                                                                                                                                                                                                                                 | ATTORNEY DOCKET NO.                                                  | CONFIRMATION NO.                                         |  |  |
| 10/730,079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12/09/2003                                                                        |                                                                   | Masayuki Ikeno                                                                                                                                                                                   | keno 246483USO 276                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                          |  |  |
| TITLE OF INVENTION: ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IE-PART ORGANOPOLY                                                                | SILOXANE GEL                                                      | COMPOSITION                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY                                                                      | ISSUE FE                                                          | E PU                                                                                                                                                                                             | JBLICATION FEE                                                                                                                                                                                                                                                                                                                      | TOTAL FEE(S) DUE                                                     | DATE DUE                                                 |  |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NO                                                                                | \$1400                                                            |                                                                                                                                                                                                  | \$300                                                                                                                                                                                                                                                                                                                               | \$1700                                                               | 04/17/2006                                               |  |  |
| EXAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NER                                                                               | ART UNI                                                           | T CI                                                                                                                                                                                             | ASS-SUBCLASS                                                                                                                                                                                                                                                                                                                        | ]                                                                    |                                                          |  |  |
| ZIMMER, MARC S 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                   |                                                                                                                                                                                                  | 524-121000                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                          |  |  |
| 1. Change of correspondence CFR 1.363).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | address or indication of "Fo                                                      | ec Address" (37                                                   |                                                                                                                                                                                                  | the patent front page, l                                                                                                                                                                                                                                                                                                            | •                                                                    |                                                          |  |  |
| Change of corresponde Address form PTO/SB/122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | i                                                                 | (2) the name of a registered attorney                                                                                                                                                            | single firm (having as                                                                                                                                                                                                                                                                                                              | a member a 2                                                         |                                                          |  |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
| 3. ASSIGNEE NAME AND I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                   | **                                                                                                                                                                                               | •• •                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                          |  |  |
| PLEASE NOTE: Unless a recordation as set forth in 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | an assignee is identified be 37 CFR 3.11. Completion of                           | low, no assignee dof this form is NOT                             | lata will appear on t<br>a substitute for filing                                                                                                                                                 | he patent. If an assign<br>g an assignment.                                                                                                                                                                                                                                                                                         | nee is identified below, the d                                       | ocument has been filed for                               |  |  |
| (A) NAME OF ASSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                   | (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                   |                                                                                                                                                                                                  | ☐ Individual ☐ C                                                                                                                                                                                                                                                                                                                    | orporation or other private gro                                      | oup entity Government                                    |  |  |
| 4a. The following fee(s) are co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nclosed:                                                                          |                                                                   | Payment of Fee(s):                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Issue Fee                                                                       |                                                                   |                                                                                                                                                                                                  | A check in the amount of the fee(s) is enclosed.                                                                                                                                                                                                                                                                                    |                                                                      |                                                          |  |  |
| Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | •                                                                 | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                   | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
| 5. Change in Entity Status (1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | )                                                                 | _                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |
| • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IALL ENTITY status. See 3                                                         |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     | LL ENTITY status. See 37 C                                           |                                                          |  |  |
| NOTE: The Issue Fee and Pulinterest as shown by the recor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | blication Fee (if required) was of the United States Pate                         | e Fee and Publicati<br>vill not be accepted<br>nt and Trademark ( | on Fee (if any) or to from anyone other the Office.                                                                                                                                              | re-apply any previous nan the applicant; a reg                                                                                                                                                                                                                                                                                      | ly paid issue fee to the applica<br>istered attorney or agent; or th | ition identified above,<br>ne assignee or other party in |  |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                   |                                                                                                                                                                                                  | Date                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                          |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                   | <del></del>                                                                                                                                                                                      | Registration                                                                                                                                                                                                                                                                                                                        | No                                                                   |                                                          |  |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |                                                                                   |                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |  |  |



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Tradema rk Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.          | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |
|--------------------------|----------------|----------------------|-------------------------|------------------|
| 10/730,079               | 12/09/2003     | Masayuki Ikeno       | 246483US0               | 2768             |
| 22850 75                 | 590 01/17/2006 | EXAMINER             |                         |                  |
| •                        | K, MCCLELLAND, | ZIMMER, MARC S       |                         |                  |
| P.C.<br>1940 DUKE STREET |                |                      | ART UNIT                | PAPER NUMBER     |
| ALEXANDRIA, V            |                |                      | 1712                    |                  |
|                          |                |                      | DATE MAILED: 01/17/2000 | 6                |

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 30 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 30 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.